**APPLICATION FOR THE POSITION OF INDEPENDENT CO-OPTED MEMBER OF THE AUDITCOMMITTEE**

|  |  |
| --- | --- |
| 1. **PERSONAL DETAILS** | |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **National Insurance Number:** |  |
| **Daytime Telephone Number:** |  |
| **Mobile Number:** |  |
| **Email Address:** |  |

|  |  |
| --- | --- |
| 1. **YOUR QUALITIES**   **(Please explain as fully as possible why your experience, skills and interests make you the right person to be an Independent Co-opted member on the Audit Committee)** | |
|  | |
| 1. **REFERENCES**   **(We may wish to seek references prior to appointment).** | |
| **REFEREE 1:** | |
| **Name:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone No:** |  |
| **REFEREE 2:** | |
| **Name:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone No:** |  |

I wish to apply to be the Independent Co-opted member on the Audit Committee.

In submitting this application, I declare that I have read and understood the requirements of the role.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |

Please return this application form to [jobs@rushcliffe.gov.uk](mailto:jobs@rushcliffe.gov.uk) by 12 noon on 3rd April 2025. Alternatively please return via post c/o Human Resources to Rushcliffe Borough Council, Rushcliffe Arena, Rugby Road, West Bridgford, Nottingham, NG2 7YG.